

19  
10-6-00

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	SML		
O.I.P.E. CLASSIFIER	AC	629	
FORMALITY REVIEW			5/21/00
RESPONSE FORMALITY REVIEW			5/21/00

## INDEX OF CLAIMS

✓ ..... Rejected N ..... Non-elected  
 = ..... Allowed I ..... Interference  
 - (Through numeral).... Canceled A ..... Appeal  
 ÷ ..... Restricted O ..... Objected

Claim	Date
Final Original	5/21/00
1 ✓ ✓	11/3/00
2 ✓ ✓	
3 ✓ ✓	
4 ✓ ✓	
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Claim	Date
Final Original	5/21/00
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Claim	Date
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If more than 150 claims or 10 actions  
staple additional sheet here

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